

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/779,810</div>	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51		2			
2		1					52		2			
3		1					53		2			
4		1					54					
5		1					55					
6		1					56					
7		1					57					
8		1					58					
9		1					59					
10		1					60					
11		1					61					
12		1					62					
13		1					63					
14		1					64					
15		1					65					
16		1					66					
17		1					67					
18		1					68					
19		1					69					
20	1						70					
21		1					71					
22		1					72					
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24		1					74					
25		1					75					
26		1					76					
27	1						77					
28		1					78					
29		1					79					
30		1					80					
31		1					81					
32		1					82					
33		1					83					
34		1					84					
35		1					85					
36	1						86					
37		1					87					
38		1					88					
39		1					89					
40		1					90					
41		1					91					
42		1					92					
43		2					93					
44		2					94					
45		2					95					
46		2					96					
47		2					97					
48		2					98					
49		2					99					
50		⑤					100					
TOTAL IND.	4						TOTAL IND.					
TOTAL DEP.	59	→		→		→	TOTAL DEP.		→		→	→
TOTAL CLAIMS	63						TOTAL CLAIMS					